



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31 , 2010
OF THE CONDITION AND AFFAIRS OF THE

PHYSICIANS HEALTH PLAN OF MID-MICHIGAN FAMILYCARE

NAIC Group Code 3408 (Current Period) , 3408 (Prior Period) NAIC Company Code 11537 Employer's ID Number 36-4497604

Organized under the Laws of Michigan , State of Domicile or Port of Entry Michigan

Country of Domicile US

Licensed as business type:
Life , Accident and Health [] Property / Casualty [] Hospital , Medical and Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Other []
Health Maintenance Organization [X] Is HMO Federally Qualified? Yes () No (X)

Incorporated / Organized May 23 , 2002 Commenced Business January 1 , 2003

Statutory Home Office 1400 East Michigan Avenue , Lansing , Michigan 48912 (Street and Number , City or Town , State and Zip Code)

Main Administrative Office 1400 East Michigan Avenue , Lansing , Michigan 48912 (Street and Number , City or Town , State and Zip Code) 517-364-8400 (Area Code) (Telephone Number)

Mail Address 1400 East Michigan Avenue , Lansing , Michigan 48912 (Street and Number , City or Town , State and Zip Code)

Primary Location of Books and Records 1400 East Michigan Avenue , Lansing , Michigan 48912 (Street and Number , City or Town , State and Zip Code)
517-364-8400 (Area Code) (Telephone Number)

Internet Website Address www.phpmm.org

Statutory Statement Contact Jackie Eddy (Name) 517-364-8400 (Area Code) (Telephone Number) (Extension)
jackie.eddy@phpmm.org (E-Mail Address) 517-364-8407 (Fax Number)

OFFICERS
Marylee Davis , PhD (Chair Person)
Scott Wilkerson (Secretary)
David Vis (Treasurer)

OTHER OFFICERS

DIRECTORS OR TRUSTEES
Marylee Davis , PhD
Scott Wilkerson
Gwen Hall#

State of Michigan }
County of Ingham } SS

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Marylee Davis , PhD Chair Person Scott Wilkerson Secretary David Vis Treasurer

Subscribed and sworn to before me this day of February, 2011
a. Is this an original filing? Yes (X) No ()
b. If no: 1. State the amendment number
2. Date filed
3. Number of pages attached

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0499999 - Premiums due and unpaid from Medicaid entities	25,874	2,696	547	635		29,752
0599999 - Accident and health premiums due and unpaid (Page 2, Line 13)	25,874	2,696	547	635		29,752

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebate Receivables						
MEDCO PHARMACY REBATES	23,050			49,525	49,525	23,050
0199999 - Pharmaceutical Rebate Receivables	23,050			49,525	49,525	23,050
Claim Overpayment Receivables						
CLAIM OVERPAYMENT RECEIVABLE - VARIOUS	7,788	5,447	1,376	440	15,051	
0299999 - Claim Overpayment Receivables	7,788	5,447	1,376	440	15,051	
Other Receivables						
MATERNITY CASE RATE RECEIVABLE	125,395	25,079	31,349			181,823
0699999 - Other Receivables	125,395	25,079	31,349			181,823
0799999 - Gross Health Care Receivables	156,233	30,526	32,725	49,965	64,576	204,873

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0399999 - Aggregate accounts not individually listed-covered	553,911					553,911
0499999 - Subtotals	553,911					553,911
0599999 - Unreported claims and other claim reserves						2,859,444
0799999 - Total claims unpaid						3,413,355
0899999 - Accrued medical incentive pool and bonus amounts						127,510

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually listed payables				
PHYSICIANS HEALTH PLAN OF MID-MICHIGAN	INTERCOMPANY PAYABLES	370,310	370,310
PHYSICIANS HEALTH NETWORK	INTERCOMPANY PAYABLES	604,528	604,528
0199999 - Subtotal - Individually listed payables		974,838	974,838
0399999 - TOTAL gross payables		974,838	974,838

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a Percentage of of Total Payments	3 Total Members Covered	4 Column 3 as a Percentage of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries	231,962	0.485	18,789	100.000		231,962
3. All other providers						
4. Total capitation payments	231,962	0.485	18,789	100.000		231,962
Other Payments:						
5. Fee-for-service	1,936,640	4.049	X X X	X X X		1,936,640
6. Contractual fee payments	45,543,638	95.209	X X X	X X X	42,401,761	3,141,877
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments	123,303	0.258	X X X	X X X	123,303	
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. Total other payments	47,603,581	99.515	X X X	X X X	42,525,064	5,078,517
13. Total (Line 4 plus Line 12)	47,835,543	100%	X X X	X X X	42,525,064	5,310,479

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
Transactions with intermediaries					
n/a	UNITED BEHAVIORAL HEALTH	231,962		19,330	
9999999 - TOTAL	Transactions with intermediaries	231,962			

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE PHYSICIANS HEALTH PLAN OF MID-MICHIGAN FAMILYCARE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE PHYSICIANS HEALTH PLAN OF MID-MICHIGAN FAMILYCARE

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION PHYSICIANS HEALTH PLAN OF MID-MICHIGAN FAMILYCARE

2. Michigan

(LOCATION)

NAIC Group Code: 3408

NAIC Company Code: 11537

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2010

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	18,607								18,607	
2. First Quarter	18,407								18,407	
3. Second Quarter	18,500								18,500	
4. Third Quarter	18,386								18,386	
5. Current Year	18,789								18,789	
6. Current Year Member Months	222,690								222,690	
Total Member Ambulatory Encounters for Year:										
7. Physician	110,531								110,531	
8. Non-Physician	51,250								51,250	
9. Total	161,781								161,781	
10. Hospital Patient Days Incurred	9,779								9,779	
11. Number of Inpatient Admissions	3,076								3,076	
12. Health Premiums Written (b)	54,932,779								54,932,779	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	54,932,779								54,932,779	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	47,835,543								47,835,543	
18. Amount Incurred for Provision of Health Care Services	47,086,173								47,086,173	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE PHYSICIANS HEALTH PLAN OF MID-MICHIGAN FAMILYCARE

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION PHYSICIANS HEALTH PLAN OF MID-MICHIGAN FAMILYCARE

2. Michigan

(LOCATION)

NAIC Group Code: 3408

NAIC Company Code: 11537

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2010

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	18,607								18,607	
2. First Quarter	18,407								18,407	
3. Second Quarter	18,500								18,500	
4. Third Quarter	18,386								18,386	
5. Current Year	18,789								18,789	
6. Current Year Member Months	222,690								222,690	
Total Member Ambulatory Encounters for Year:										
7. Physician	110,531								110,531	
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9. Total	161,781								161,781	
10. Hospital Patient Days Incurred	9,779								9,779	
11. Number of Inpatient Admissions	3,076								3,076	
12. Health Premiums Written (b)	54,932,779								54,932,779	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	54,932,779								54,932,779	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	47,835,543								47,835,543	
18. Amount Incurred for Provision of Health Care Services	47,086,173								47,086,173	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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Sch. S, Pt. 1, Sn. 2 Reinsurance Assumed Accident and Health
NONE

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Sch. S, Pt. 2, Reinsurance Recoverable on Paid and Unpaid Losses
NONE

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE PHYSICIANS HEALTH PLAN OF MID-MICHIGAN FAMILYCARE

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31 , Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
Authorized General Account, Affiliates												
39845	48-0921045	01/01/2010	WESTPORT INSURANCE CORPORATION	OVERLAND PARK, KS 86201	SSL/A/I	104,834						
0199999 - Authorized General Account, Affiliates						104,834						
0399999 - Total Authorized General Account						104,834						
0799999 - Total Authorized and Unauthorized General Account						104,834						
1599999 - TOTALS						104,834						

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Columns 5 plus 6 plus 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Columns 9 plus 10 plus 11 plus 12 plus 13 But Not in Excess of Column 8

NONE

SCHEDULES S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2010	2 2009	3 2008	4 2007	5 2006
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII - Medicare					
3. Title XIX - Medicaid	105	96	235	196	139
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses			23		
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Column 3)			
1. Cash and invested assets (Line 12)	12,493,242		12,493,242
2. Accident and health premiums due and unpaid (Line 15)	29,752		29,752
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	357,601		357,601
6. Total assets (Line 28)	12,880,595		12,880,595
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	3,413,355		3,413,355
8. Accrued medical incentive pool and bonus payments (Line 2)	127,510		127,510
9. Premiums received in advance (Line 8)	299,653		299,653
10. Funds held under reinsurance treaties with authorized and unauthorized insurers (Line 19)			
11. Reinsurance in unauthorized companies (Line 20)			
12. All other liabilities (Balance)	2,463,634		2,463,634
13. Total liabilities (Line 24)	6,304,152		6,304,152
14. Total capital and surplus (Line 33)	6,576,443	X X X	6,576,443
15. Total liabilities, capital and surplus (Line 34)	12,880,595		12,880,595
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid			
17. Accrued medical incentive pool			
18. Premiums received in advance			
19. Reinsurance recoverable on paid losses			
20. Other ceded reinsurance recoverables			
21. Total ceded reinsurance recoverables			
22. Premiums receivable			
23. Funds held under reinsurance treaties with authorized and unauthorized insurers			
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets			
26. Total ceded reinsurance payables/offsets			
27. Total net credit for ceded reinsurance			

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.			Direct Business Only				
			1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts
			6 Totals				
1.	Alabama	AL					
2.	Alaska	AK					
3.	Arizona	AZ					
4.	Arkansas	AR					
5.	California	CA					
6.	Colorado	CO					
7.	Connecticut	CT					
8.	Delaware	DE					
9.	District of Columbia	DC					
10.	Florida	FL					
11.	Georgia	GA					
12.	Hawaii	HI					
13.	Idaho	ID					
14.	Illinois	IL					
15.	Indiana	IN					
16.	Iowa	IA					
17.	Kansas	KS					
18.	Kentucky	KY					
19.	Louisiana	LA					
20.	Maine	ME					
21.	Maryland	MD					
22.	Massachusetts	MA					
23.	Michigan	MI					
24.	Minnesota	MN					
25.	Mississippi	MS					
26.	Missouri						
27.	Montana						
28.	Nebraska						
29.	Nevada						
30.	New Hampshire						
31.	New Jersey						
32.	New Mexico						
33.	New York						
34.	North Carolina						
35.	North Dakota						
36.	Ohio	OH					
37.	Oklahoma	OK					
38.	Oregon	OR					
39.	Pennsylvania	PA					
40.	Rhode Island	RI					
41.	South Carolina	SC					
42.	South Dakota	SD					
43.	Tennessee	TN					
44.	Texas	TX					
45.	Utah	UT					
46.	Vermont	VT					
47.	Virginia	VA					
48.	Washington	WA					
49.	West Virginia	WV					
50.	Wisconsin	WI					
51.	Wyoming	WY					
52.	American Samoa	AS					
53.	Guam	GU					
54.	Puerto Rico	PR					
55.	U. S. Virgin Islands	VI					
56.	Northern Mariana Islands	MP					
57.	Canada	CN					
58.	Aggregate Other Alien	OT					
59.	Totals						

NONE

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	38-2594856	Physicians Health Network					179,060,145				179,060,145	
95849	38-2356288	Physicians Health Plan of Mid-Michigan					(144,855,532)				(144,855,532)	
11537	36-4497604	PHP of Mid Michigan - FamilyCare					(39,785,365)				(39,785,365)	
	38-3344741	PHPMM - TPA					(3,332,947)				(3,332,947)	
12816	20-5565219	PHPMM Insurance Company					(869,475)				(869,475)	
	38-1360584	Sparrow Health System					9,783,174				9,783,174	
9999999	- CONTROL TOTALS											

If the nature of the transactions reported in Part 2 requires explanation, report such in the following explanatory note:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	RESPONSE
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 460:	
2. Will an actuarial opinion be filed by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 440:	
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 390:	
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 390:	
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 350:	
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 285:	
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 210:	
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 220:	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

JUNE FILING	RESPONSE
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 221:	

AUGUST FILING	
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 222:	

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	RESPONSE
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 360:	

12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION:	
BARCODE: Document Identifier 205:	



13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION:	
BARCODE: Document Identifier 207:	



14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 420:	

15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
EXPLANATION:	
BARCODE: Document Identifier 371:	



16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
EXPLANATION:	
BARCODE: Document Identifier 370:	



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing . However , in the event that your company does not transact the type of business for which the special report must be filed , your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below . If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions .

MARCH FILING	RESPONSE
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 365:	

APRIL FILING	
18. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 306:	

19. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION:	
BARCODE: Document Identifier 211:	



20. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
EXPLANATION:	
BARCODE: Document Identifier 213:	



21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 216:	

22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 217:	

AUGUST FILING	
23. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 223:	



MEDICARE PART D COVERAGE SUPPLEMENT
Net of Reinsurance
(To be Filed by March 1)

	1	2	3	4	5
	Individual Coverage		Group Coverage		Total
	Insured	Uninsured	Insured	Uninsured	Cash
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	
1.12 Without Reinsurance Coverage		XXX		XXX	
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	
1.2 Supplemental Benefits		XXX		XXX	
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		XXX		XXX	XXX
5.12 Without Reinsurance Coverage		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums		XXX		XXX	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage				XXX	
7.12 Without Reinsurance Coverage				XXX	
7.2 Supplemental Benefits				XXX	
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage				XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		XXX		XXX	XXX
10.12 Without Reinsurance Coverage		XXX		XXX	XXX
10.2 Supplemental Benefits		XXX		XXX	XXX
11. Total Claims		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - net to reimbursements applied	XXX		XXX		
12.2 Reimbursements Received but Not Applied - change	XXX		XXX		
12.3 Reimbursements Receivable - change	XXX		XXX		XXX
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13. Aggregate Policy Reserves - change					XXX
14. Expenses Paid		XXX		XXX	
15. Expenses Incurred		XXX		XXX	XXX
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17. Cash Flow Result	XXX	XXX	XXX	XXX	

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